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SUBJECT: UN AGENCIES FOCUS ON IMPROVING HEALTHCARE IN OMAN

Summary

¶1. Three UN agencies have established constructive working relationships with the Omani government in efforts to promote better healthcare through educational initiatives. Aside from highlighting the importance of child nutrition, the organizations are also raising awareness of community involvement and disease prevention measures as programmatic priorities. Some limitations remain, however, reflective of the conservative and self-sufficient culture in which they operate. End Summary.

A "Graduate Country"

¶2. Poloff discussed UN efforts to promote healthcare initiatives in Oman during separate meetings with Zakiah Rashid, Program Assistant from the United Nations Children's Fund (UNICEF), Nora Alnahedh, Resident Representative from the United Nations Population Fund (UNFPA), and Dr. Jihane Tawilah, the World Health Organization's (WHO) representative in Oman. Rashid commented that her organization, which has been able to foster a stable and cooperative relationship with the government, views Oman as a "Graduate Country" due to its progress in advancing the rights of children and promoting education and healthcare. Aid and support from the Omani government, including a generous donation of four million USD for the contracted session 2007-2010, has facilitated cooperation. She remarked that because the relationship has been so productive, UNICEF will evaluate the merits of keeping its Muscat office open after the current contract concludes.

¶3. Alnahedh noted that since 2006, Oman has served as UNFPA's regional office for studying population, reproductive health, women's health, population strategies and policies. She stated that UNFPA based its decision on account of the Sultanate's progressive stance on health and gender issues and its collaboration on projects that focus on improving health facilities, raising awareness, and constructing educational programs. Despite this progressive outlook, Alnahedh said that UNFPA does face opposition from conservative elements in Oman and its neighbors, stemming from an underlying fear that the UN may be promoting an agenda contradictory to traditional beliefs.

¶4. Tawilah remarked that Oman is very influential in this region, as it boasts one of the "most developed healthcare systems" in the Middle East, especially within the school system. She highlighted the important and "mutually beneficial" relationship that the WHO shares with the Omani government, especially with the Ministry of Health (MoH).

She commented that the Ministry's enthusiasm for WHO's presence has facilitated close collaboration on technical issues, facility and health care functions, and in-depth review and reevaluation services. The Ministry does not provide monetary assistance to the WHO; however, it does sponsor a number of responsible and important research studies that benefit the programs initiated by the WHO, including data analysis and surveys. Tawilah cited Oman's facilitation of the World Health Survey, investment in studies on behavioral change, and leadership on research on genetics as several examples reflective of the Sultanate's interest in WHO collaboration.

Improving Child Nutrition

15. According to Rashid, UNICEF's main focus is improving Oman's child healthcare system. On the positive side, she pointed out that 99% of Omani children (nationals only) receive vaccinations, and that Polio has been completely eradicated in the Sultanate. Rashid noted, however, that varying UNICEF reports from previous years indicate concern over child malnutrition, which affects 17% of Omani children.

UNICEF has determined that malnutrition is largely due to parental negligence, as parents are often unable to adequately care for their children even when resources are readily available. UNICEF is targeting this problem with educational programs, emphasizing its "Parenting Support" program established in 1999.

Active in the Community

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16. Tawilah emphasized that the WHO's work focuses on community development and protection. Through its "community initiative" strategy, the WHO is working with the Ministry on the three components necessary to achieve adequate healthcare. The first "social" component serves to develop life skills through training, marketing, and production of goods and services. The second "economic" component is geared towards specific areas and works to eradicate poverty.

These two components are implemented specifically to exploit any of the problems found in the third component, Oman's healthcare system. Tawilah anticipated that the successful and productive development of the economic and social sectors will help the Omani government see lingering faults, which would lead to further investment in community development.

Keen on "Healthy Villages"

17. In support of the WHO's involvement in community development, Tawilah raised the organization's efforts to sponsor city programs based on its "Healthy Villages" initiative. In the fast-growing industrial city of Sohar, the government and WHO have successfully implemented the "Sohar Project," which focuses on promoting positive healthcare in all areas of life. This program, which is now serving as a model for other GCC countries, began with the municipality's conducting of an overall evaluation of its infrastructure, economy and healthcare systems. According to Tawilah, from this evaluation, city health officials identified hypertension and diabetes, caused from bad diets, smoking and lack of health facilities, as the most problematic health concerns. With this information in mind, health officials are now promoting healthy lifestyles by sponsoring facilities that will address these problems.

Addressing Health Concerns

¶18. While Tawilah assessed the overall state of healthcare in the Sultanate as "very good," she pointed out that programs focusing on menopause and elderly women need to be improved. She found that problems this demographic faces, such as cancer and arthritis, can be prevented with the implementation of behavioral changes. To assist the government in addressing these concerns, Tawilah stated that the WHO has sponsored a Pro-Lead (leadership) conference. In addition, through studies and scientific strategies proposed by the WHO, the Omani government is addressing harmful social habits like smoking and obesity.

¶19. Tawilah characterized the Ministry of Health as the "steering wheel" for putting these programs in motion within the Sultanate. It is not the Ministry of Health's responsibility to promote health in education for example, but it can encourage the Ministry of Education to adopt relate curricula based on the WHO's recommendations. As part of the Pro-Lead program, Tawilah remarked that the WHO encouraged the ministries to develop a number of Diet and Physical Activity Strategies (DPAS).

Promoting Better Access to Healthcare

¶10. Each representative raised her concerns about access to healthcare. Alnahedh noted that Oman's elevated crude birth rate (18.28 per every 1,000 births) is due primarily to a lack of medical facilities in outlying areas. For small, less urban communities located in the interior, medical treatment is simply not available. In response, UNFPA has suggested midwife training programs to increase survival of both the mother and the child in cases of emergency. The Omani government has resisted implementing this program based on its belief that all medical treatment should occur in clinics and hospitals. The Ministry, however, has been more receptive to establishing, in conjunction with UNFPA, a professional service that can travel from door to door to meet the needs of the elderly and incapable.

¶11. For Oman's large population of South Asian expatriates, use of medical facilities is readily available, but not free of charge. For this reason, Alnahedh voiced her concern that inadequate accommodations exist for those in Oman who can't access the national healthcare system, yet at the same time, can't pay for private services.

Focus on HIV

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¶12. Both UNICEF and UNFPA are focused on raising awareness of HIV/AIDS in the Sultanate. Rashid remarked that with 973 reported cases, HIV is present in all areas of the country. In response, she commented that the Ministry of Health launched a "Get Tested" campaign in 2005 that encouraged all Omanis to discard the shame associated with HIV infection. Over 800 Omanis participated, including the Under-Secretary of the Ministry of Health, who was reportedly the first person to get tested during the campaign. Additionally, UNICEF reports that the Ministry of Health provides excellent accommodations for Omanis infected with HIV. In hospitals, HIV patients are treated in a separate area, where they receive medication, and counseling from licensed physicians.

¶13. Rashid emphasized UNICEF's role in supporting the government's efforts. For example, with the assistance of UNICEF, the Ministry now publishes leaflets and posters for schools and health clinics. The pamphlets, which provide useful information about prevention, detection and acceptance of HIV, are available throughout Oman. Through collaborative

efforts, the Ministry has released a censored "sexual education" program in its high schools that discuss how HIV is spread and how it can be avoided.

¶14. In addition to providing medical treatment and counseling services, UNICEF helped establish a 24 hour telephone hotline to offer help to those who contract HIV. Rashid said that UNICEF advocates a "no shame" approach to HIV infection, emphasizing that a healthy outlook can lead to a healthy life.

¶15. UNFPA also is raising HIV awareness in Oman through peer-training programs, which uses youth volunteers (defined as less than 30 years of age) to disseminate information throughout the region. Alnahedh noted that Oman was the first country to successfully train an expert on HIV prevention, who is now authorized to conduct training seminars for Omani youth. Contraception for both men and women is widely available in Oman; however, male use is rare, diminishing the effectiveness of condom use in slowing HIV transmission rates.

Trafficking and the Sex Trade

¶16. Responding to Poloff's inquiry regarding the dangers the sex trade posed to spreading HIV in Oman, Alnahedh admitted that prostitution, as the "oldest profession in the world," was a problem. She found that domestic violence toward women and toward domestic workers was widespread, with no help offered for victims in the Sultanate. Alnahedh cited the fact that GCC states are not comfortable talking about prostitution as one obstacle hindering efforts to address this issue. She believed that the GCC needed to become more aggressive in dealing with issues such as prostitution, and that HIV prevention programs should be targeted toward high-risk populations.

Omani Self-Sufficiency

¶17. Another concern facing the three UN agencies is the Omani government's tendency toward self-sufficiency. For example, Tawilah commented that, in spite of the WHO's close relationship with the Ministry of Health, Oman turned down her immediate offers of assistance in responding to Tropical Cyclone Gonu, even with the surge in medical emergencies following the storm. However, the Omani government was receptive to WHO guidance on various aftermath recovery strategies, presented primarily through education and media, and worked with the organization on improving dialogue amongst the ministries, creating a more effective process of delegating tasks. Tawilah noted that the government had also taken onboard WHO advice on assessing the potentially fragile mental health of Omanis following the storm. Currently, a new intervention program implemented to deal with the inconsistencies that have developed in the health sector is in formation, and will last for up to 18 months.